

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6155</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Ricardo</u> <u>F</u> <u>Icaza</u> P.O. Box, Bldg., Room No., if any Street <u>630 Shatto Place</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90005-1372</u>	4. Name, file number, and address of labor organization. Name <u>United Food & Comercial Workers Local 770</u> Labor Organization File Number <u>517-385</u> P.O. Box, Building and Room Number, if any Street <u>630 Shatto Place</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90005-1372</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/9/05</u> Date	<u>213-487-7070</u> Telephone Number

Name of Person Filing Ricardo Icaza	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12.b. Amount. <input type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Janus Institutional Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 2603 Camino Ramon, Suite 200 City <input type="text"/> San Ramon State <input type="text"/> California ZIP Code + 4 <input type="text"/> 94583	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"><p>Dinner - January 7, 2004</p></div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/> \$70

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text"/></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/> Loomis, Sayles & Co., L.P.</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/> 555 California Street</p> <p>City <input type="text"/> San Francisco</p> <p>State <input type="text"/> California ZIP Code + 4 <input type="text"/> 94104</p>	<p>14.a. Nature of payment.</p> <div><input type="text"/> Dinner - January 9, 2004</div> <p>14.b. Amount of payment. <input type="text"/> \$90</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text"/></div> <p>12.b. Amount. <input type="text"/></p>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/> Goldman Sachs Asset Management</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/> 555 California Street</p> <p>City <input type="text"/> San Francisco</p> <p>State <input type="text"/> California ZIP Code + 4 <input type="text"/> 94104</p>	<p>14.a. Nature of payment.</p> <div><input type="text"/> Dinner - December 3, 2004</div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/> \$60</p>

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Morgan Stanley</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any One Financial Place</p> <p>Street 440 South LaSalle Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 90630-0010</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.C. United Food & Commercial Workers Unions</p> <p>Trade Name, if any: & Food Employers Joint Trust Funds</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6010</p> <p>Street 6425 Katella Avenue</p> <p>City Cypress</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manger for Pension Fund.</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner - February 17, 2004</p> <p>12.b. Amount. \$45</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Morgan Stanley</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any One Financial Place</p> <p>Street 440 South LaSalle Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 90630-0010</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.C. United Food & Commercial Workers Unions</p> <p>Trade Name, if any: & Food Employers Joint Trust Funds</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6010</p> <p>Street 6425 Katella Avenue</p> <p>City Cypress</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager for Pension Fund.</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner - December 1, 2004 - Includes Spouse</p> <p>12.b. Amount. \$100</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bluecross of California</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 21555 Oxnard Street, Mis AC-PC</p> <p>City Woodland Hills</p> <p>State California ZIP Code + 4 91367</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.C. United Food & Commercial Workers Unions</p> <p>Trade Name, if any: & Food Employers Joint Trust Funds</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6010</p> <p>Street 6425 Katella Avenue</p> <p>City Cypress</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>Health Care Network Provider for Benefit Trust Fund.</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner - December 4, 2004</p> <p>12.b. Amount. \$65</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Lazard Asset Management, LLC</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 30 Rockefeller Plaza</p> <p>City New York</p> <p>State New York ZIP Code + 4 90630-0010</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.C. United Food & Commercial Workers Union</p> <p>Trade Name, if any: & Food Employers Joint Trust Funds</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6010</p> <p>Street 6425 Katella Avenue</p> <p>City Cypress</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager for Pension Fund.</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner - December 2, 2004</p> <p>12.b. Amount. \$70</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Bank of California</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 445 South Figueroa, Fifth Floor</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90071</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.C. United Food & Commercial Workers Unions</p> <p>Trade Name, if any: & Food Employers Joint Trust Funds</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6010</p> <p>Street 6425 Katella Avenue</p> <p>City Cypress</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>Corporate Co-Trustee for Pension Fund.</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner - November 30, 2004</p> <p>12.b. Amount. \$60</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p></p>

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing. <input type="text"/> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <input type="text"/> 12.b. Amount. <input type="text"/>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Amalgamated Bank Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 60 South Los Robles Avenue City <input type="text"/> Pasadena State <input type="text"/> California ZIP Code + 4 <input type="text"/> 91101	14.a. Nature of payment. <input type="text"/> Lunch - January 29, 2004
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/> \$40

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8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing. <div><input type="text"/></div> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <div><input type="text"/></div> 12.b. Amount. <input type="text"/>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Amalgamated Bank Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 60 South Los Robles Avenue City <input type="text"/> Pasadena State <input type="text"/> California ZIP Code + 4 <input type="text"/> 91101	14.a. Nature of payment. <div><input type="text"/> Lunch - March 11, 2004</div> 14.b. Amount of payment. <input type="text"/> \$41
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Lizard Asset Management, LLC</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 30 Rockefeller Plaza</p> <p>City New York</p> <p>State New York ZIP Code + 4 10112-6300</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.C. United Food & Commercial Workers Unions</p> <p>Trade Name, if any: & Food Employers Joint Trust Funds</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6010</p> <p>Street 6425 Katella Avenue</p> <p>City Cypress</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager for Pension Fund.</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner - November 2, 2004 - Spouse included.</p> <p>12.b. Amount. \$120</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing Ricardo Icaza	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Lizard Asset Management, LLC</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 30 Rockefeller Plaza</p> <p>City New York</p> <p>State New York ZIP Code + 4 10112-6300</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.C. United Food & Commercial Workers Unions</p> <p>Trade Name, if any: & Food Employers Joint Trust Funds</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6010</p> <p>Street 6425 Katella Avenue</p> <p>City Cypress</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager for Pension Fund.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. </p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Lunch - November 3, 2004</p> <hr/> <p>12.b. Amount. \$42</p>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>